

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

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| 1 Date of Request: _____ | | 2 Serial/Patent # <u>10/517489</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/></td><td>Filing</td><td style="width:15%;"></td><td style="width:15%;">12/10/04</td><td style="width:15%;">\$ 100</td></tr> <tr><td><input type="checkbox"/></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input type="checkbox"/></td><td>Other</td><td></td><td></td><td>\$</td></tr> </table> | <input checked="" type="checkbox"/> | Filing | | 12/10/04 | \$ 100 | <input type="checkbox"/> | Amendment | | | \$ | <input type="checkbox"/> | Extension of Time | | | \$ | <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | <input type="checkbox"/> | Petition | | | \$ | <input type="checkbox"/> | Issue | | | \$ | <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | <input type="checkbox"/> | Maintenance | | | \$ | <input type="checkbox"/> | Assignment | | | \$ | <input type="checkbox"/> | Other | | | \$ | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">4 PAPER NUMBER</td> <td style="width:20%;">5 DATE FILED</td> <td style="width:20%;">6 AMOUNT</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td colspan="2">7 TOTAL AMOUNT OF REFUND</td> <td>\$ 100</td> </tr> </table> | 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | 7 TOTAL AMOUNT OF REFUND | | \$ 100 |
| <input checked="" type="checkbox"/> | Filing | | 12/10/04 | \$ 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Amendment | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Extension of Time | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Notice of Appeal/Appeal | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Petition | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Issue | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Cert of Correction/Terminal Disc. | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Maintenance | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Assignment | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Other | | | \$ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 PAPER NUMBER | 5 DATE FILED | 6 AMOUNT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 7 TOTAL AMOUNT OF REFUND | | \$ 100 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10 REASON: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input checked="" type="checkbox"/></td><td>Overpayment</td></tr> <tr><td><input type="checkbox"/></td><td>Duplicate Payment</td></tr> <tr><td><input type="checkbox"/></td><td>No Fee Due (Explanation):</td></tr> </table> | | <input checked="" type="checkbox"/> | Overpayment | <input type="checkbox"/> | Duplicate Payment | <input type="checkbox"/> | No Fee Due (Explanation): | 8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td><input type="checkbox"/></td><td>Treasury Check</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Credit Deposit A/C #:</td></tr> <tr> <td style="text-align: center;">9</td> <td style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-around;"> 23--0975 </div> </td> </tr> </table> | | <input type="checkbox"/> | Treasury Check | <input checked="" type="checkbox"/> | Credit Deposit A/C #: | 9 | <div style="display: flex; justify-content: space-around;"> 23--0975 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Overpayment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Duplicate Payment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | No Fee Due (Explanation): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> | Treasury Check | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | Credit Deposit A/C #: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | <div style="display: flex; justify-content: space-around;"> 23--0975 </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 11 REFUND REQUESTED BY: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPED/PRINTED NAME: <u>John Anderson</u> | | TITLE: <u>Paralegal Specialist</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNATURE: <u>John Anderson</u> | | PHONE: <u>308-9140 ext 211</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OFFICE: <u>PCT - DO/EO</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***** THIS SPACE RESERVED FOR FINANCE USE ONLY: APPROVED: _____ DATE: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**